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DIVISION OF CORPORATIONS
ON OF P. P. P. 1: 47

J. BRYAN

SEP - 9 2008

**EXAMINER** 

## Leininger Law Firm, P.A. 114 Palmetto Street, Suite 8 Destin, Florida 32541 leiningerlawfirmpa.com

Michael R. Leininger Attorney and Counselor at Law Telephone: (850) 650-9916 Facsimile: (850) 650-9963

September 3, 2008

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Amendment to Articles of Organization for PENNY PINCHERS ACCOUNTING
SERVICES, LLC

Dear Sir or Madam:

Please find the enclosed Amendment to the Articles of Organization for PENNY PINCHERS ACCOUNTING SERVICES, LLC, a Florida limited liability company. I respectfully request that you forward these documents to the appropriate department for timely filing and processing.

I have also enclosed funds in the amount of Twenty Five and 00/100 Dollars (\$25.00) to cover the cost of the filing.

If there are any issues, questions or concerns relating to this request or any deficiencies contained herein, please feel free to contact me via the office information listed above in order to discuss the same.

Thank you in advance for your professional courtesy and immediate assistance in this regard.

Sincerely.

Michael R. Leininger

Ist/MRL Enclosures

cc: Construction Accounting Services, LLC

## **COVER LETTER**

SUBJECT: PENNY I	PINCHERS ACCO	OUNTING SERVICES, LL	С	Ó
		nited Liability Company)		_
The enclosed Articles of Ar	mendment and fee(s) are sub	omitted for filing.		
Please return all correspond	lence concerning this matter	to the following:		•
				0 0145
	M	ICHAEL R. LEININGER		8 ST
		(Name of Person)		P 25
	LE	ININGER LAW FIRM, P.A.		OBSEP-8 PH 1:48
		(Firm/Company)		<b>*</b> 9
	114 D	ALMETTO STREET, SUITE 8		=
	114 17	(Address)		, ,
		(		
		DESTIN, FLORIDA 32541		
		(City/State and Zip Code)	_	
For further information con	cerning this matter, please c	all:		
MICHAEL R. LEININGER		at ( 850 ) 650-9916		
(Name of Person)		(Area Code & Daytime T	elephone Number)	
Enclosed is a check for the	following amount:			
<b>☑</b> \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is	

MAILING ADDRESS: Registration Section

TO:

**Registration Section Division of Corporations** 

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	RS ACCOUNTING SERVICES, L	
(Name of the Limited Liabili	ity Company as it now appears on a Limited Liability Company)	our records.)
(	a similar simpary)	3 266
The Articles of Organization for this Limited Liability	Company were filed on SEPTE	MBER 18, 2007 and assigned
Florida document number L07000095295		, O. A.
<del>.</del>		8 john 0
This amendment is submitted to amend the following:		3
A. If amending name, enter the new name of the lin	mited liability company here:	<b>*</b>
CONSTRUCTION ACCOUNTING SERVICES, LLC		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi		records, enter the name of the new
registered agent and/or the new registered office ad	<u>dress here</u> :	
Name of New Processor 1 Accord		
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter 1	Florida street address)
		, Florida
	(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = !	anager Managing Member		
<u> Title</u>	Name	Address	Type of Action
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· <del></del>			Add Remove
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ne proprie a			Add Remove
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). If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATEMS DIVISION OF CORPORATIONS 08 SEP -8 PM 1: 48
Dated	Sept. 3 . 20 KOU	108. 101 ke IX	
		r or authorized representative of a member	
		ELLI M. CROCKETT  or printed name of signee	<del>```</del>

Page 2 of 2

Filing Fee: \$25.00